FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

	<i>,</i> , ,
OMB AF	PROVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated average	e burden
hours per respons	e16.00

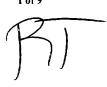
SEC USE ONLY							
Serial							
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Name of Offering (check if this is an amendment and name has changed, and indicate change.) RECEIVED
Issuance and sale of common stock	pest p
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule	
Type of Filing: New Filing Amendment	<u> </u>
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Kimball Hill, Inc.	V. 203/8
Address of Executive Offices (Number and Street, City, State, Zip Code) 5999 New Wilke Road, Suite 504, Rolling Meadows, IL 60008	Telephone Number (Including Area Code) (847) 364-7300
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Kimball Hill, Inc. designs, builds and markets single-family detached, single-famil markets throughout the United States.	ly attached and multi-family homes in selected PROCESSE
Type of Business Organization	other (please specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Roll 5 U.S.C. 77d(6).	egulation D or Section 4(6), 17 CFR 230.501 et seq. or
When To File: A notice must be filed no later than 15 days after the first sale of securities in the of Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at after the date on which it is due, on the date it was mailed by United States registered or certified	the address given below or, if received at that address
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington,	D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be must be photocopies of the manually signed copy or bear typed or printed signatures.	e manually signed. Any copies not manually signed
Information Required: A new filing must contain all information requested. Amendments need of changes thereto, the information requested in Part C, and any material changes from the information Appendix need not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with are to be, or have been made. If a state requires the payment of a fee as a precondition to the clair accompany this form. This notice shall be filed in the appropriate states in accordance with state this notice and must be completed.	the Securities Administrator in each state where sales m for the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal	exemption. Conversely, failure to file the
appropriate federal notice will not result in a loss of an available state exemption	

SEC 1972 (5-05)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9



	A. BASIC IDENT	IFICATION DATA		
2. Enter the information requested for the fo	ollowing:			
• Each promoter of the issuer, if the issu	uer has been organized within th	e past five years;		
 Each beneficial owner having the powissuer; 	ver to vote or dispose, or direct t	he vote or disposition of, 10%	or more of a class	s of equity securities of the
Each executive officer and director of	corporate issuers and of corpora	ate general and managing part	ners of partnership	issuers; and
 Each general and managing partner of 	f partnership issuers.			
Check Box(es) that Apply: Promo	ter Beneficial Owner	☑ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
David K. Hill				
Business or Residence Address (Number and	l Street, City, State, Zip Code)			· ·
5999 New Wilke Road, Suite 50	04, Rolling Meadows, IL	60008		
Check Box(es) that Apply:	ter Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Isaac Heimbinder				
Business or Residence Address (Number and	d Street, City, State, Zip Code)			
8584 Katy Freeway, Suite 200, I	Houston, TX 77024			
Check Box(es) that Apply:	noter		☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
C. Kenneth Love				
Business or Residence Address (Number and	d Street, City, State, Zip Code)		-	
5999 New Wilke Road, Suite 50	04, Rolling Meadows, IL	60008		
Check Box(es) that Apply:	oter Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Bruce I. McPhee				
Business or Residence Address (Number and	d Street, City, State, Zip Code)			
5999 New Wilke Road, Suite 50	04, Rolling Meadows, IL	60008		
Check Box(es) that Apply:	oter	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Larry H. Dale				
Business or Residence Address (Number and	d Street, City, State, Zip Code)			
2521 Juniper Court, Golden, CC	80401			
Check Box(es) that Apply:	eter Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Kent W. Colton				
Business or Residence Address (Number and	d Street, City, State, Zip Code)			
940 Spring Hill Road, McLean,	VA 22102			
Check Box(es) that Apply:	noter Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			· · · · · · · · · · · · · · · · · · ·	
Roy Humphreys				
Business or Residence Address (Number an	d Street, City, State, Zip Code)			·

10567 E Fernwood Lane, Scottsdale, AZ 85262

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ■ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Gregory B. Schultz Business or Residence Address (Number and Street, City, State, Zip Code) 8400 Normandale Lake Blvd., Suite 250, Minneapolis, MN 55437 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Equity Investments III, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 8400 Normandale Lake Blvd., Suite 250, Minneapolis, MN 55437 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ■ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Hal H. Barber Business or Residence Address (Number and Street, City, State, Zip Code) 5999 New Wilke Road, Suite 504, Rolling Meadows, IL 60008 Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Brian A. Loftus Business or Residence Address (Number and Street, City, State, Zip Code) 5999 New Wilke Road, Suite 504, Rolling Meadows, IL 60008 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Eugene K. Rowehl Business or Residence Address (Number and Street, City, State, Zip Code) 5999 New Wilke Road, Suite 504, Rolling Meadows, IL 60008 Check Box(es) that Apply: ■ Beneficial Owner ☐ Director ☐ General and/or ☐ Promoter Managing Partner Full Name (Last name first, if individual) Edward J. Madell Business or Residence Address (Number and Street, City, State, Zip Code) 5999 New Wilke Road, Suite 504, Rolling Meadows, IL 60008 ☐ General and/or Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Bradley R. Grining Business or Residence Address (Number and Street, City, State, Zip Code) 5999 New Wilke Road, Suite 504, Rolling Meadows, IL 60008

				В.	INFORMA	TION ABO	OUT OFFE	RING					
											Yes	No	
1. Has	the issuer s	old, or doe			•				·			\boxtimes	
			Α	nswer also	in Append	lix, Colum	n 2, if filin	g under UL	OE.				
2. Wha	it is the mir	iimum inve	estment tha	t will be ac	cepted from	m any indi	vidual?				. \$109,99	\$109,999,890.00	
										Yes	No		
3. Does	3. Does the offering permit joint ownership of a single unit?										. 🗆	\boxtimes	
commoffer and/	er the information or ring. If a proof or with a stociated person	similar ren erson to be ate or state	nuneration listed is ares, list the n	for solicita associated ame of the	tion of pure d person or broker or	chasers in a gent of a dealer. If n	connection broker or one nore than fi	with sales lealer regis ve (5) pers	of securitie tered with ons to be li	es in the the SEC sted are			
Full Na	me (Last n	ame first, i	f individua	l)					·				
Busines	ss or Reside	ence Addre	ss (Numbe	r and Stree	et, City, Sta	te, Zip Co	de)						
Name o	of Associate	ed Broker o	or Dealer			<u></u>							
States in	n Which Pe	erson Liste	d Has Solic	ited or Inte	ends to Sol	icit Purcha	sers						
(Che	eck "All St	ates" or ch	eck individ	ual States)						•••••	🗌 Al	l States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	L J	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
	me (Last n												
Busines	ss or Reside	ence Addre	ss (Numbe	r and Stree	et. City. Sta	te. Zin Co	de)						
Name o	of Associate	ed Broker o	or Dealer										
States in	n Which Po	erson Liste ates" or ch	d Has Solic	cited or Intellual States)	ends to Sol	icit Purcha	sers					1 States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Na	ime (Last n	ame first, i	f individua	l)									
Busines	ss or Resid	ence Addre	ess (Numbe	er and Stree	et, City, Sta	ite, Zip Co	de)						
Name o	of Associate	ed Broker (or Dealer										
	n Which Pe										П Al	ll States	
[AL]					[CO]	[CT]		[DC]	[FL]	[GA]	L A	[ID]	
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt \$0 \$109,999,890.00 \$109,999,890.00 Equity ☐ Preferred **\$**0 Convertible Securities (including warrants).... Partnership Interests \$0 Other (Specify _____) \$0 Total..... \$109,999,890.00 \$109,999,890.00 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$109,999,890.00 Accredited Investors Non-accredited Investors \$0 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Dollar Amount Security Sold Type of Offering Rule 505 Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees.... Printing and Engraving Costs Legal Fees..... \$135,000.00 Accounting Fees Engineering Fees Sales Commission (specify finders' fees separately).....

Other Expenses (identify)

Total

□ \$

\$135,000.00

proposed to be used furnish an estimate sted must equal the 4.b above. Payments to Officers, Directors & Affiliates	Payments To Others
Officers, Directors & Affiliates	•
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<u>\$</u>	_ \$
<u>\$</u>	
<u>\$</u>	
er issuer	<u>\$</u>
<u>s</u>	\$73,549,890.00
<u>\$</u>	<u>s</u>
<u>\$36,315,000.00</u>	\$
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<u>\$</u>	_ 🗆 💲
<u>s</u>	109,864,890.00
Securities and Exchange Commiss	sion, upon written
Date	
8/18/6	16
,	
	S

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
* * *	presently subject to any of the disqualification provisi	
	See Appendix, Column 5, for state response.	
2. The undersigned issuer hereby undertakes Form D (17 CFR 239.500) at such times a	to furnish to any state administrator of any state in whas required by state law.	nich this notice is filed, a notice on
3. The undersigned issuer hereby undertake issuer to offerees.	s to furnish to the state administrators, upon written	request, information furnished by the
Limited Offering Exemption (ULOE) of	issuer is familiar with the conditions that must be satisfied and understands the state in which this notice is filed and understands this hing that these conditions have been satisfied.	
The issuer has read this notification and known undersigned duly authorized person.	ows the contents to be true and has duly caused this no	otice to be signed on its behalf by the
Issuer (Print or Type)	Signature	Date
Kimball Hill, Inc.	Emple	2/14/06
Name (Print or Type)	Title (Print or Type)	,
Eugene K. Rowehl	Chief Financial Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

ì	Intend to non-ac investors (Part B	ccredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of ir amount purc	nvestor and hased in State C-Item 2) Number of		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Non- Accredited Investors	Amount	Yes	No
AL				2111001010	11110	MYOSTOIS	7 Illiount		
AK									
AZ									
AR									
CA									
СО									
СТ									
DE	□								
DC									
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KS									
KY									
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ME									
MD									
MA									
MI									
MN		×	Common Stock, in the aggregate offering price of \$109,999,890.00	1	\$109,999,890.00	0	0		×
MS									
МО									

APPENDIX

1	Intend	ccredited	Type of security and aggregate offering price offered in state	Type of investor and amount purchased in State				Disqualification under State ULOE (if yes, attach explanation of waiver granted)	
	(Part B-		(Part C-Item 1)		. (Part C	C-Item 2)		(Part E-Item 1)	
				Number of		Number of Non-			
State	Yes	No		Accredited Investors	Amount	Accredited Investors	Amount	Yes	No
MT				Hivestors	Amount	mvestors	Amount		
NE									
NV									
NH									
NJ									
NM			:						
NY									
NC									
ND									
ОН									
ОК									
OR									
PA									
RI					-				
SC									
SD									
TN									
TX									
UT									
VT					· 				
VA									
WA							•		
wv									
WI									
WY									
PR									